

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN FALLS, CITY OF
ADDRESS: PO BOX 1907
TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP
LOCATION: 350 CANYON SPRINGS ROAD
TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 83303
MAJOR \$
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	28.2	29.8	deg C	*****	*****	*****	*****		Continuous	Record (manual)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	deg C	*****	*****	*****	*****		Continuous	Record (manual)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	384	573	lb/d	*****	6	9	mg/L		Four per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	357	409	mg/L		Four per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.9	SU		Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	669	840	lb/d	*****	11	13	mg/L		Four per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	273	321	mg/L		Four per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	10	19	lb/d	*****	.2	.3	mg/L		Weekly	COMP24
00610 P 0 See Comments	PERMIT REQUIREMENT	247 MO AVG	351 DAILY MX	lb/d	*****	3.8 MO AVG	5.4 DAILY MX	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jack Bennion		TELEPHONE		DATE	
Travis Rothweiler/ City Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)734-9933		/8/08/2014	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=MAY 1 THROUGH SEPTEMBER 30
Q=OCTOBER 1 THROUGH APRIL 30

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	32.9	38.6	mg/L		Weekly	COMP24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.2	7.8	mg/L		Weekly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	304	542	lb/d	*****	5	9	mg/L		Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	710 MO AVG	990 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	7	128	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.34	7.95	MGD	*****	*****	*****	*****		Continuous	Record (manual)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	toxic		Twice per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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Travis Rothweiler/ City Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)734-9933		/8/08/2014
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	CALCTD
81011 K.O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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Travis Rothweiler/ City Manager			(208)734-9933	8/08/2014
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	28.1	29.8	deg C	*****	*****	*****	*****		Continuous	Record (manual)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	deg C	*****	*****	*****	*****		Continuous	Record (manual)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	746	2512	lb/d	*****	9	28	mg/L		Four per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	390	392	mg/L		Four per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	8	SU		Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1283	4009	lb/d	*****	16	45	mg/L	1	Four per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	278	296	mg/L		Four per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	9	20	lb/d	*****	.2	.3	mg/L		Weekly	COMP24
00610 P 0 See Comments	PERMIT REQUIREMENT	247 MO AVG	351 DAILY MX	lb/d	*****	3.8 MO AVG	5.4 DAILY MX	mg/L		Weekly	COMP24

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Attached Letter for loss of containment and instantaneous maximum E. coli excursion. letter for Weekly Average effluent TSS lbs/day excursion.

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	18.5	29.4	mg/L		Weekly	COMP24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.1	5.9	mg/L		Weekly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	308	476	lb/d	*****	5	8	mg/L		Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	710 MO AVG	990 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	26	2420	#/100mL	1	Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.5	11.28	MGD	*****	*****	*****	*****		Continuous	Record (manual)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	toxic		Twice per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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Attached Letter for loss of containment and instantaneous maximum E. coli excursion. letter for Weekly Average effleunt TSS lbs/day excursion.

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Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****	%		Monthly	CALCTD
81011 K.O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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Travis Rothweiler/ City Manager			(208)734-9933	9/10/2014
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	27	28.4	deg C	*****	*****	*****	*****		Continuous	Record (manual)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	deg C	*****	*****	*****	*****		Continuous	Record (manual)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	202	252	lb/d	*****	3	4	mg/L		Four per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	402	452	mg/L		Four per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	8	SU		Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	466	562	lb/d	*****	8	9	mg/L		Four per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	290	306	mg/L		Four per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	24	53	lb/d	*****	.4	.8	mg/L		Weekly	COMP24
00610 P 0 See Comments	PERMIT REQUIREMENT	247 MO AVG	351 DAILY MX	lb/d	*****	3.8 MO AVG	5.4 DAILY MX	mg/L		Weekly	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	22	28.7	mg/L		Weekly	COMP24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	4.7	mg/L		Weekly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	363	474	lb/d	*****	6	8	mg/L		Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	710 MO AVG	990 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	6	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.28	8.26	MGD	*****	*****	*****	*****		Continuous	Record (manual)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	toxic		Twice per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jack Bennion		TELEPHONE		DATE	
Travis Rothweiler/ City Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)734-9933		0/10/2014	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=MAY 1 THROUGH SEPTEMBER 30
Q=OCTOBER 1 THROUGH APRIL 30

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN FALLS, CITY OF
ADDRESS: PO BOX 1907
TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP
LOCATION: 350 CANYON SPRINGS ROAD
TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 83303
MAJOR \$
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	CALCTD
81011 K.O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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Travis Rothweiler/ City Manager			(208)734-9933		0/10/2014
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=MAY 1 THROUGH SEPTEMBER 30
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

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LOCATION: 350 CANYON SPRINGS ROAD
TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 83303
MAJOR \$
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	25.5	27.1	deg C	*****	*****	*****	*****		Continuous	Record (manual)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	deg C	*****	*****	*****	*****		Continuous	Record (manual)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	748	972	lb/d	*****	13	16	mg/L		Four per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	467	496	mg/L		Four per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	8	SU		Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1127	1615	lb/d	*****	19	27	mg/L		Four per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	275	295	mg/L		Four per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	18	72	lb/d	*****	.3	1.2	mg/L		Weekly	COMP24
00610 Q 0 See Comments	PERMIT REQUIREMENT	338 MO AVG	488 DAILY MX	lb/d	*****	5.2 MO AVG	7.5 DAILY MX	mg/L		Weekly	COMP24

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Travis Rothweiler/ City Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)734-9933		1/07/2014	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Attached: Twin Falls Bioassay Report October 2014

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN FALLS, CITY OF
ADDRESS: PO BOX 1907
TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP
LOCATION: 350 CANYON SPRINGS ROAD
TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 83303
MAJOR \$
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	14.2	21.1	mg/L		Weekly	COMP24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.3	7.8	mg/L		Weekly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	478	663	lb/d	*****	8	10	mg/L		Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	710 MO AVG	990 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	9	31	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.84	7.95	MGD	*****	*****	*****	*****		Continuous	Record (manual)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	toxic		Twice per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN FALLS, CITY OF
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FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP
LOCATION: 350 CANYON SPRINGS ROAD
TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 83303
MAJOR \$
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	93	*****	*****	%		Monthly	CALCTD
81011 K.O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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Travis Rothweiler/ City Manager			(208)734-9933		1/07/2014
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP
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ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 83303
MAJOR \$
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	11.9	16.2	deg C	*****	*****	*****	*****		Continuous	Record (manual)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	deg C	*****	*****	*****	*****		Continuous	Record (manual)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	430	784	lb/d	*****	8	14	mg/L		Four per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	446	502	mg/L		Four per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	8	SU		Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	668	1327	lb/d	*****	12	23	mg/L		Four per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	294	338	mg/L		Four per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	7	18	lb/d	*****	.1	.3	mg/L		Weekly	COMP24
00610 Q 0 See Comments	PERMIT REQUIREMENT	338 MO AVG	488 DAILY MX	lb/d	*****	5.2 MO AVG	7.5 DAILY MX	mg/L		Weekly	COMP24

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Travis Rothweiler/ City Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)734-9933		2/08/2014	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Twin Falls E coli excursion 11/09/14

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 83303
MAJOR \$
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	18.7	65.4	mg/L		Weekly	COMP24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.8	8.8	mg/L		Weekly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	352	447	lb/d	*****	7	8	mg/L		Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	710 MO AVG	990 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	10	462	#/100mL	1	Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.17	8.03	MGD	*****	*****	*****	*****		Continuous	Record (manual)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	toxic		Twice per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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Twin Falls E coli excursion 11/09/14

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
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ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
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11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 83303

MAJOR \$

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	CALCTD
81011 K.O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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Travis Rothweiler/ City Manager			(208)734-9933		2/08/2014
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

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Twin Falls E coli excursion 11/09/14

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FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD
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ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 83303

MAJOR \$

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	21.2	24.6	deg C	*****	*****	*****	*****		Continuous	Record (manual)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	deg C	*****	*****	*****	*****		Continuous	Record (manual)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1269	2767	lb/d	*****	23	50	mg/L	1	Four per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	562	686	mg/L		Four per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	8	SU		Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1919	4197	lb/d	*****	35	76	mg/L	3	Four per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	321	376	mg/L		Four per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	20	59	lb/d	*****	.4	1.1	mg/L		Weekly	COMP24
00610 Q 0 See Comments	PERMIT REQUIREMENT	338 MO AVG	488 DAILY MX	lb/d	*****	5.2 MO AVG	7.5 DAILY MX	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shawn Moffitt		TELEPHONE		DATE	
Travis Rothweiler/ City Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)734-9933		11/09/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Attached Snake River MGD 2014, SRMGD Cover Letter 2014, Surface Water Monitoring 2014 Yearly Report, Twin Falls WWTP Weekly Average BOD and Monthly Average TSS Excursion, Twin Falls WWTP Weekly Average TSS Excursion and Ecoli

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN FALLS, CITY OF
ADDRESS: PO BOX 1907
TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP
LOCATION: 350 CANYON SPRINGS ROAD
TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 83303
MAJOR \$
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	20.3	34.7	mg/L		Weekly	COMP24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.7	9.7	mg/L		Weekly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	306	527	lb/d	*****	5	9	mg/L		Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	710 MO AVG	990 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	17	456	#/100mL	1	Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.45	7.43	MGD	*****	*****	*****	*****		Continuous	Record (manual)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	toxic		Twice per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shawn Moffitt		TELEPHONE		DATE	
Travis Rothweiler/ City Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)734-9933		11/09/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Attached Snake River MGD 2014, SRMGD Cover Letter 2014, Surface Water Monitoring 2014 Yearly Report, Twin Falls WWTP Weekly Average BOD and Monthly Average TSS Excursion, Twin Falls WWTP Weekly Average TSS Excursion and Ecoli

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN FALLS, CITY OF
ADDRESS: PO BOX 1907
TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP
LOCATION: 350 CANYON SPRINGS ROAD
TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 83303
MAJOR \$
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	89	*****	*****	%		Monthly	CALCTD
81011 K.O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shawn Moffitt	TELEPHONE		DATE
Travis Rothweiler/ City Manager			(208)734-9933		11/09/2014
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Attached Snake River MGD 2014, SRMGD Cover Letter 2014, Surface Water Monitoring 2014 Yearly Report, Twin Falls WWTP Weekly Average BOD and Monthly Average TSS Excursion, Twin Falls WWTP Weekly Average TSS Excursion and Ecoli

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907
TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD
TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 83303

MAJOR \$

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	21	24.6	deg C	*****	*****	*****	*****		Continuous	Record (manual)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	deg C	*****	*****	*****	*****		Continuous	Record (manual)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	769	1300	lb/d	*****	13	22	mg/L		Four per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	479	505	mg/L		Four per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	8	SU		Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1091	1841	lb/d	*****	19	31	mg/L		Four per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	258	290	mg/L		Four per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	9	13	lb/d	*****	.1	.2	mg/L		Weekly	COMP24
00610 Q 0 See Comments	PERMIT REQUIREMENT	338 MO AVG	488 DAILY MX	lb/d	*****	5.2 MO AVG	7.5 DAILY MX	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shawn Moffitt		TELEPHONE		DATE	
Travis Rothweiler/ City Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)734-9933		12/09/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=MAY 1 THROUGH SEPTEMBER 30

Q=OCTOBER 1 THROUGH APRIL 30

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907
TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD
TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 83303

MAJOR \$

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	14.5	19.3	mg/L		Weekly	COMP24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.7	6.3	mg/L		Weekly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	368	487	lb/d	*****	6	8	mg/L		Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	710 MO AVG	990 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	10	66	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7	8.04	MGD	*****	*****	*****	*****		Continuous	Record (manual)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	toxic		Twice per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shawn Moffitt		TELEPHONE		DATE	
Travis Rothweiler/ City Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)734-9933		12/09/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=MAY 1 THROUGH SEPTEMBER 30

Q=OCTOBER 1 THROUGH APRIL 30

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907
TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD
TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 83303

MAJOR \$

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	93	*****	*****	%		Monthly	CALCTD
81011 K.O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shawn Moffitt	TELEPHONE	DATE
Travis Rothweiler/ City Manager			(208)734-9933	12/09/2015
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=MAY 1 THROUGH SEPTEMBER 30

Q=OCTOBER 1 THROUGH APRIL 30

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN FALLS, CITY OF
ADDRESS: PO BOX 1907
TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP
LOCATION: 350 CANYON SPRINGS ROAD
TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83303
MAJOR \$
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	21.4	22.7	deg C	*****	*****	*****	*****		Continuous	Record (manual)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	deg C	*****	*****	*****	*****		Continuous	Record (manual)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	874	1756	lb/d	*****	14	29	mg/L		Four per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	483	515	mg/L		Four per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	8	SU		Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1507	2898	lb/d	*****	25	48	mg/L	1	Four per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	249	258	mg/L		Four per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	7	11	lb/d	*****	.1	.2	mg/L		Weekly	COMP24
00610 Q 0 See Comments	PERMIT REQUIREMENT	338 MO AVG	488 DAILY MX	lb/d	*****	5.2 MO AVG	7.5 DAILY MX	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shawn Moffitt		TELEPHONE		DATE	
Travis Rothweiler/ City Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)734-9933		/3/10/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Attached letter for average weekly effluent TSS concentration excursion.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN FALLS, CITY OF
ADDRESS: PO BOX 1907
TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP
LOCATION: 350 CANYON SPRINGS ROAD
TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83303
MAJOR \$
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	16.7	25	mg/L		Weekly	COMP24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.2	5.6	mg/L		Weekly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	421	518	lb/d	*****	7	9	mg/L		Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	710 MO AVG	990 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	17	228	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.22	8.34	MGD	*****	*****	*****	*****		Continuous	Record (manual)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	toxic		Twice per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shawn Moffitt		TELEPHONE		DATE	
Travis Rothweiler/ City Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)734-9933		/3/10/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Attached letter for average weekly effluent TSS concentration excursion.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN FALLS, CITY OF
ADDRESS: PO BOX 1907
TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP
LOCATION: 350 CANYON SPRINGS ROAD
TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83303
MAJOR \$
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	90	*****	*****	%		Monthly	CALCTD
81011 K.O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shawn Moffitt	TELEPHONE		DATE
Travis Rothweiler/ City Manager			(208)734-9933		03/10/2015
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Attached letter for average weekly effluent TSS concentration excursion.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN FALLS, CITY OF
ADDRESS: PO BOX 1907
TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP
LOCATION: 350 CANYON SPRINGS ROAD
TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83303
MAJOR \$
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	22.1	23.9	deg C	*****	*****	*****	*****		Continuous	Record (manual)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	deg C	*****	*****	*****	*****		Continuous	Record (manual)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	592	887	lb/d	*****	10	15	mg/L		Four per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	466	510	mg/L		Four per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	8	SU		Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	958	1569	lb/d	*****	16	26	mg/L		Four per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	273	305	mg/L		Four per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	19	68	lb/d	*****	.3	1.2	mg/L		Weekly	COMP24
00610 Q 0 See Comments	PERMIT REQUIREMENT	338 MO AVG	488 DAILY MX	lb/d	*****	5.2 MO AVG	7.5 DAILY MX	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shawn Moffitt		TELEPHONE		DATE	
Travis Rothweiler/ City Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)734-9933		4/10/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=MAY 1 THROUGH SEPTEMBER 30
Q=OCTOBER 1 THROUGH APRIL 30

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN FALLS, CITY OF
ADDRESS: PO BOX 1907
TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP
LOCATION: 350 CANYON SPRINGS ROAD
TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83303
MAJOR \$
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	18	21.2	mg/L		Weekly	COMP24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.9	5.6	mg/L		Weekly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	456	503	lb/d	*****	8	8	mg/L		Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	710 MO AVG	990 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	25	37	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.18	7.95	MGD	*****	*****	*****	*****		Continuous	Record (manual)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	toxic		Twice per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shawn Moffitt		TELEPHONE		DATE	
Travis Rothweiler/ City Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)734-9933		/4/10/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=MAY 1 THROUGH SEPTEMBER 30
Q=OCTOBER 1 THROUGH APRIL 30

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN FALLS, CITY OF
ADDRESS: PO BOX 1907
TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP
LOCATION: 350 CANYON SPRINGS ROAD
TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83303
MAJOR \$
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****	%		Monthly	CALCTD
81011 K.O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shawn Moffitt	TELEPHONE		DATE
Travis Rothweiler/ City Manager			(208)734-9933		14/10/2015
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=MAY 1 THROUGH SEPTEMBER 30
Q=OCTOBER 1 THROUGH APRIL 30

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907
TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD
TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83303

MAJOR \$

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	22.8	24.4	deg C	*****	*****	*****	*****		Continuous	Record (manual)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	deg C	*****	*****	*****	*****		Continuous	Record (manual)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	531	585	lb/d	*****	9	9	mg/L		Four per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	371	443	mg/L		Four per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	8	SU		Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	919	1041	lb/d	*****	15	17	mg/L		Four per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	236	247	mg/L		Four per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	12	19	lb/d	*****	.2	.3	mg/L		Weekly	COMP24
00610 P 0 See Comments	PERMIT REQUIREMENT	247 MO AVG	351 DAILY MX	lb/d	*****	3.8 MO AVG	5.4 DAILY MX	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shawn Moffitt		TELEPHONE		DATE	
Travis Rothweiler/ City Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)734-9933		/5/08/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Bioassay Report 2015 attached

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN FALLS, CITY OF
ADDRESS: PO BOX 1907
TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP
LOCATION: 350 CANYON SPRINGS ROAD
TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83303
MAJOR \$
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	12	19	lb/d	*****	.2	.3	mg/L		Weekly	COMP24
00610 Q 0 See Comments	PERMIT REQUIREMENT	338 MO AVG	488 DAILY MX	lb/d	*****	5.2 MO AVG	7.5 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	34.9	48.8	mg/L		Weekly	COMP24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.8	4.3	mg/L		Weekly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	490	688	lb/d	*****	8	11	mg/L		Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	710 MO AVG	990 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	13	33	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.52	8.85	MGD	*****	*****	*****	*****		Continuous	Record (manual)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1	toxic		Twice per Year	COMP24
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	toxic		Twice per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shawn Moffitt		TELEPHONE		DATE	
Travis Rothweiler/ City Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)734-9933		/5/08/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Bioassay Report 2015 attached

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907
TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD
TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83303

MAJOR \$

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	CALCTD
81010 K O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****	%		Monthly	CALCTD
81011 K O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shawn Moffitt	TELEPHONE	DATE
Travis Rothweiler/ City Manager			(208)734-9933	05/08/2015
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Bioassay Report 2015 attached

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN FALLS, CITY OF
ADDRESS: PO BOX 1907
TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP
LOCATION: 350 CANYON SPRINGS ROAD
TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83303
MAJOR \$
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	24.5	27.7	deg C	*****	*****	*****	*****		Continuous	Record (manual)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	deg C	*****	*****	*****	*****		Continuous	Record (manual)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	643	1301	lb/d	*****	10	20	mg/L		Four per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	362	413	mg/L		Four per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	8	SU		Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1041	2010	lb/d	*****	16	31	mg/L		Four per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	304	391	mg/L		Four per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	62	246	lb/d	*****	.9	3.6	mg/L		Weekly	COMP24
00610 P 0 See Comments	PERMIT REQUIREMENT	247 MO AVG	351 DAILY MX	lb/d	*****	3.8 MO AVG	5.4 DAILY MX	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shawn Moffitt		TELEPHONE		DATE	
Travis Rothweiler/ City Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)734-9933		/6/08/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=MAY 1 THROUGH SEPTEMBER 30
Q=OCTOBER 1 THROUGH APRIL 30

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN FALLS, CITY OF
ADDRESS: PO BOX 1907
TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP
LOCATION: 350 CANYON SPRINGS ROAD
TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83303
MAJOR \$
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	35.9	46.8	mg/L		Weekly	COMP24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.1	9.3	mg/L		Weekly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	494	691	lb/d	*****	8	10	mg/L		Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	710 MO AVG	990 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	6	390	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.65	8.73	MGD	*****	*****	*****	*****		Continuous	Record (manual)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	toxic		Twice per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shawn Moffitt		TELEPHONE		DATE
Travis Rothweiler/ City Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)734-9933		16/08/2015
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=MAY 1 THROUGH SEPTEMBER 30
Q=OCTOBER 1 THROUGH APRIL 30

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN FALLS, CITY OF
ADDRESS: PO BOX 1907
TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP
LOCATION: 350 CANYON SPRINGS ROAD
TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83303
MAJOR \$
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****	%		Monthly	CALCTD
81011 K.O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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Travis Rothweiler/ City Manager			(208)734-9933		16/08/2015
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=MAY 1 THROUGH SEPTEMBER 30
Q=OCTOBER 1 THROUGH APRIL 30

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN FALLS, CITY OF
ADDRESS: PO BOX 1907
TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP
LOCATION: 350 CANYON SPRINGS ROAD
TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83303
MAJOR \$
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	27.6	29.8	deg C	*****	*****	*****	*****		Continuous	Record (manual)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	deg C	*****	*****	*****	*****		Continuous	Record (manual)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	579	1085	lb/d	*****	9	17	mg/L		Four per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	329	364	mg/L		Four per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	8.1	SU		Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1052	1537	lb/d	*****	16	24	mg/L		Four per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	276	324	mg/L		Four per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	12	17	lb/d	*****	.2	.3	mg/L		Weekly	COMP24
00610 P 0 See Comments	PERMIT REQUIREMENT	247 MO AVG	351 DAILY MX	lb/d	*****	3.8 MO AVG	5.4 DAILY MX	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shawn Moffitt		TELEPHONE		DATE	
Travis Rothweiler/ City Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)734-9933		/7/10/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=MAY 1 THROUGH SEPTEMBER 30
Q=OCTOBER 1 THROUGH APRIL 30

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN FALLS, CITY OF
ADDRESS: PO BOX 1907
TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP
LOCATION: 350 CANYON SPRINGS ROAD
TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83303
MAJOR \$
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	46	57.2	mg/L		Weekly	COMP24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.9	5	mg/L		Weekly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	539	592	lb/d	*****	9	10	mg/L		Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	710 MO AVG	990 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	11	79	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.73	8.43	MGD	*****	*****	*****	*****		Continuous	Record (manual)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	toxic		Twice per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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Travis Rothweiler/ City Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)734-9933		/7/10/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=MAY 1 THROUGH SEPTEMBER 30
Q=OCTOBER 1 THROUGH APRIL 30

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN FALLS, CITY OF
ADDRESS: PO BOX 1907
TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP
LOCATION: 350 CANYON SPRINGS ROAD
TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83303
MAJOR \$
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****	%		Monthly	CALCTD
81011 K.O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shawn Moffitt	TELEPHONE		DATE
Travis Rothweiler/ City Manager			(208)734-9933		7/10/2015
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=MAY 1 THROUGH SEPTEMBER 30
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907
TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD
TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83303

MAJOR \$

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	28.4	29.8	deg C	*****	*****	*****	*****		Continuous	Record (manual)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	deg C	*****	*****	*****	*****		Continuous	Record (manual)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	314	504	lb/d	*****	5	7	mg/L		Four per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	332	380	mg/L		Four per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	8.1	SU		Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	700	1059	lb/d	*****	11	16	mg/L		Four per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	236	242	mg/L		Four per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	16	34	lb/d	*****	.3	.5	mg/L		Weekly	COMP24
00610 P 0 See Comments	PERMIT REQUIREMENT	247 MO AVG	351 DAILY MX	lb/d	*****	3.8 MO AVG	5.4 DAILY MX	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jack Bennion		TELEPHONE		DATE	
Travis Rothweiler/ City Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)734-9933		/8/10/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=MAY 1 THROUGH SEPTEMBER 30

Q=OCTOBER 1 THROUGH APRIL 30

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

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ADDRESS: PO BOX 1907
TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP
LOCATION: 350 CANYON SPRINGS ROAD
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ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83303
MAJOR \$
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	36	52.8	mg/L		Weekly	COMP24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.6	3.5	mg/L		Weekly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	436	595	lb/d	*****	7	9	mg/L		Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	710 MO AVG	990 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	8	155	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.78	9.06	MGD	*****	*****	*****	*****		Continuous	Record (manual)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	toxic		Twice per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81010 K.O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jack Bennion		TELEPHONE		DATE
Travis Rothweiler/ City Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)734-9933		/8/10/2015
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=MAY 1 THROUGH SEPTEMBER 30
Q=OCTOBER 1 THROUGH APRIL 30

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN FALLS, CITY OF
ADDRESS: PO BOX 1907
TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP
LOCATION: 350 CANYON SPRINGS ROAD
TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83303
MAJOR \$
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	CALCTD
81011 K.O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jack Bennion	TELEPHONE	DATE
Travis Rothweiler/ City Manager			(208)734-9933	8/10/2015
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=MAY 1 THROUGH SEPTEMBER 30
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

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ADDRESS: PO BOX 1907
TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP
LOCATION: 350 CANYON SPRINGS ROAD
TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83303
MAJOR \$
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	28.7	29.6	deg C	*****	*****	*****	*****		Continuous	Record (manual)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	deg C	*****	*****	*****	*****		Continuous	Record (manual)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	893	1822	lb/d	*****	13	28	mg/L		Four per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	367	408	mg/L		Four per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	8	SU		Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1829	3628	lb/d	*****	28	56	mg/L	2	Four per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	257	266	mg/L		Four per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	13	22	lb/d	*****	.2	.3	mg/L		Weekly	COMP24
00610 P 0 See Comments	PERMIT REQUIREMENT	247 MO AVG	351 DAILY MX	lb/d	*****	3.8 MO AVG	5.4 DAILY MX	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jack Bennion		TELEPHONE		DATE	
Travis Rothweiler/ City Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)734-9933		/9/08/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Attached: Letter for effluent weekly average TSS excursions. Week of 8/23/15

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN FALLS, CITY OF
ADDRESS: PO BOX 1907
TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP
LOCATION: 350 CANYON SPRINGS ROAD
TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83303
MAJOR \$
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	20.5	35.3	mg/L		Weekly	COMP24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.7	12.2	mg/L		Weekly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	491	579	lb/d	*****	7	9	mg/L		Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	710 MO AVG	990 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	23	139	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.86	9.94	MGD	*****	*****	*****	*****		Continuous	Record (manual)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	toxic		Twice per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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Travis Rothweiler/ City Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)734-9933		/9/08/2015
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Attached: Letter for effluent weekly average TSS excursions. Week of 8/23/15

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN FALLS, CITY OF
ADDRESS: PO BOX 1907
TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP
LOCATION: 350 CANYON SPRINGS ROAD
TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83303
MAJOR \$
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	89	*****	*****	%		Monthly	CALCTD
81011 K.O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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Travis Rothweiler/ City Manager			(208)734-9933		09/08/2015
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Attached: Letter for effluent weekly average TSS excursions. Week of 8/23/15

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907
TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD
TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83303

MAJOR \$

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	27.3	28.8	deg C	*****	*****	*****	*****		Continuous	Record (manual)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	deg C	*****	*****	*****	*****		Continuous	Record (manual)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	541	1228	lb/d	*****	8	19	mg/L		Four per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	319	352	mg/L		Four per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	8.1	SU		Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1079	2436	lb/d	*****	17	37	mg/L		Four per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	263	275	mg/L		Four per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	7	9	lb/d	*****	.1	.1	mg/L		Weekly	COMP24
00610 P 0 See Comments	PERMIT REQUIREMENT	247 MO AVG	351 DAILY MX	lb/d	*****	3.8 MO AVG	5.4 DAILY MX	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shawn Moffitt		TELEPHONE		DATE	
Travis Rothweiler/ City Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)734-9933		0/09/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=MAY 1 THROUGH SEPTEMBER 30

Q=OCTOBER 1 THROUGH APRIL 30

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN FALLS, CITY OF
ADDRESS: PO BOX 1907
TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP
LOCATION: 350 CANYON SPRINGS ROAD
TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83303
MAJOR \$
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	18.9	26.6	mg/L		Weekly	COMP24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.3	4.5	mg/L		Weekly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	368	463	lb/d	*****	6	9	mg/L		Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	710 MO AVG	990 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	6	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.65	8.35	MGD	*****	*****	*****	*****		Continuous	Record (manual)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	toxic		Twice per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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Travis Rothweiler/ City Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)734-9933		0/09/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=MAY 1 THROUGH SEPTEMBER 30
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN FALLS, CITY OF
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FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP
LOCATION: 350 CANYON SPRINGS ROAD
TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83303
MAJOR \$
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****	%		Monthly	CALCTD
81011 K.O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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Travis Rothweiler/ City Manager			(208)734-9933		0/09/2015
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=MAY 1 THROUGH SEPTEMBER 30
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

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TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP
LOCATION: 350 CANYON SPRINGS ROAD
TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83303
MAJOR \$
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	26.2	27.8	deg C	*****	*****	*****	*****		Continuous	Record (manual)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	deg C	*****	*****	*****	*****		Continuous	Record (manual)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	199	324	lb/d	*****	3	5	mg/L		Four per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	351	401	mg/L		Four per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	8.2	SU		Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	527	1048	lb/d	*****	8	15	mg/L		Four per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	276	292	mg/L		Four per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	31	83	lb/d	*****	.5	1.2	mg/L		Weekly	COMP24
00610 Q 0 See Comments	PERMIT REQUIREMENT	338 MO AVG	488 DAILY MX	lb/d	*****	5.2 MO AVG	7.5 DAILY MX	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jack Bennion		TELEPHONE		DATE	
Travis Rothweiler/ City Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)734-9933		1/09/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Twin Falls Bioassay October 2015 is attached

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN FALLS, CITY OF
ADDRESS: PO BOX 1907
TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP
LOCATION: 350 CANYON SPRINGS ROAD
TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83303
MAJOR \$
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	19.4	23.3	mg/L		Weekly	COMP24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.4	3.4	mg/L		Weekly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	260	415	lb/d	*****	4	7	mg/L		Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	710 MO AVG	990 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	7	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.71	9.34	MGD	*****	*****	*****	*****		Continuous	Record (manual)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	> 1	toxic		Twice per Year	COMP24
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	toxic		Twice per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jack Bennion		TELEPHONE		DATE
Travis Rothweiler/ City Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)734-9933		1/09/2015
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Twin Falls Bioassay October 2015 is attached

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN FALLS, CITY OF
ADDRESS: PO BOX 1907
TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP
LOCATION: 350 CANYON SPRINGS ROAD
TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83303
MAJOR \$
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	CALCTD
81011 K.O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jack Bennion	TELEPHONE	DATE
Travis Rothweiler/ City Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(208)734-9933	1/09/2015
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Twin Falls Bioassay October 2015 is attached

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN FALLS, CITY OF
ADDRESS: PO BOX 1907
TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP
LOCATION: 350 CANYON SPRINGS ROAD
TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83303
MAJOR \$
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	22.1	24.5	deg C	*****	*****	*****	*****		Continuous	Record (manual)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	deg C	*****	*****	*****	*****		Continuous	Record (manual)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	201	252	lb/d	*****	3	4	mg/L		Four per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	396	466	mg/L		Four per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	8.1	SU		Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	340	362	lb/d	*****	5	5	mg/L		Four per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	270	281	mg/L		Four per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	6	7	lb/d	*****	.1	.1	mg/L		Weekly	COMP24
00610 Q 0 See Comments	PERMIT REQUIREMENT	338 MO AVG	488 DAILY MX	lb/d	*****	5.2 MO AVG	7.5 DAILY MX	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jack Bennion		TELEPHONE		DATE	
Travis Rothweiler/ City Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)734-9933		2/07/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=MAY 1 THROUGH SEPTEMBER 30
Q=OCTOBER 1 THROUGH APRIL 30

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN FALLS, CITY OF
ADDRESS: PO BOX 1907
TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP
LOCATION: 350 CANYON SPRINGS ROAD
TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83303
MAJOR \$
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	12.2	17.6	mg/L		Weekly	COMP24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.5	3	mg/L		Weekly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	382	458	lb/d	*****	6	8	mg/L		Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	710 MO AVG	990 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	326	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.57	8.44	MGD	*****	*****	*****	*****		Continuous	Record (manual)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	toxic		Twice per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jack Bennion		TELEPHONE		DATE	
Travis Rothweiler/ City Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)734-9933		2/07/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=MAY 1 THROUGH SEPTEMBER 30
Q=OCTOBER 1 THROUGH APRIL 30

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN FALLS, CITY OF
ADDRESS: PO BOX 1907
TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP
LOCATION: 350 CANYON SPRINGS ROAD
TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83303
MAJOR \$
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	CALCTD
81011 K.O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jack Bennion	TELEPHONE		DATE
Travis Rothweiler/ City Manager			(208)734-9933		2/07/2015
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=MAY 1 THROUGH SEPTEMBER 30
Q=OCTOBER 1 THROUGH APRIL 30

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907
TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD
TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83303

MAJOR \$

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	19.8	22.9	deg C	*****	*****	*****	*****		Continuous	Record (manual)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	deg C	*****	*****	*****	*****		Continuous	Record (manual)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	425	578	lb/d	*****	7	9	mg/L		Four per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	393	402	mg/L		Four per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	8.4	SU		Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	628	856	lb/d	*****	10	14	mg/L		Four per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	273	297	mg/L		Four per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	34	79	lb/d	*****	.5	1.3	mg/L		Weekly	COMP24
00610 Q 0 See Comments	PERMIT REQUIREMENT	338 MO AVG	488 DAILY MX	lb/d	*****	5.2 MO AVG	7.5 DAILY MX	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jack Bennion		TELEPHONE		DATE	
Travis Rothweiler/ City Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)734-9933		11/08/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Attached: Snake River Flow Data 2015. Snake River analytical data 2015. EPA was called about effluent flow data for December 26 and 27. We have not recieved a return call to date

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN FALLS, CITY OF
ADDRESS: PO BOX 1907
TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP
LOCATION: 350 CANYON SPRINGS ROAD
TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83303
MAJOR \$
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	17.8	22	mg/L		Weekly	COMP24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.2	4.1	mg/L		Weekly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	478	548	lb/d	*****	7	9	mg/L		Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	710 MO AVG	990 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	5	14	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.95	18.3	MGD	*****	*****	*****	*****		Continuous	Record (manual)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	toxic		Twice per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jack Bennion		TELEPHONE		DATE	
Travis Rothweiler/ City Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)734-9933		11/08/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Attached: Snake River Flow Data 2015. Snake River analytical data 2015. EPA was called about effluent flow data for December 26 and 27. We have not recieved a return call to date

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83303

MAJOR \$

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	CALCTD
81011 K.O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jack Bennion	TELEPHONE	DATE
Travis Rothweiler/ City Manager			(208)734-9933	11/08/2015
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Attached: Snake River Flow Data 2015. Snake River analytical data 2015. EPA was called about effluent flow data for December 26 and 27. We have not recieved a return call to date

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN FALLS, CITY OF
ADDRESS: PO BOX 1907
TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP
LOCATION: 350 CANYON SPRINGS ROAD
TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 83303
MAJOR \$
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	19	22.1	deg C	*****	*****	*****	*****		Continuous	Record (manual)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	deg C	*****	*****	*****	*****		Continuous	Record (manual)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	297	509	lb/d	*****	5	7	mg/L		Four per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	431	550	mg/L		Four per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	8	SU		Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	428	679	lb/d	*****	7	10	mg/L		Four per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	250	273	mg/L		Four per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	6	9	lb/d	*****	.1	.1	mg/L		Weekly	COMP24
00610 Q 0 See Comments	PERMIT REQUIREMENT	338 MO AVG	488 DAILY MX	lb/d	*****	5.2 MO AVG	7.5 DAILY MX	mg/L		Weekly	COMP24

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Travis Rothweiler/ City Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)734-9933		12/08/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=MAY 1 THROUGH SEPTEMBER 30
Q=OCTOBER 1 THROUGH APRIL 30

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907
TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD
TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 83303

MAJOR \$

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	16.1	20.7	mg/L		Weekly	COMP24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.7	3.2	mg/L		Weekly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	250	336	lb/d	*****	4	5	mg/L		Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	710 MO AVG	990 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	6	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.17	8.53	MGD	*****	*****	*****	*****		Continuous	Record (manual)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	toxic		Twice per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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Travis Rothweiler/ City Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)734-9933		12/08/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

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LOCATION: 350 CANYON SPRINGS ROAD
TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

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PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 83303
MAJOR \$
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	CALCTD
81011 K.O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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Travis Rothweiler/ City Manager			(208)734-9933	12/08/2016
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